

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739679

1. Entity Name

PARKWOODS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90004 042 \*\*\*\*61.25

Principal Place of Business 1700 PARK MEADOWS DR. FT MYERS FL 33907	Mailing Address 1700 PARK MEADOWS DR. FT MYERS FL 33907-3747
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1891258</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BROUSSARD, JOHN P**  
**1708-1 PARK MEADOWS DR.**  
**FT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name: **DAVID BISHOP**  
 Street Address (P.O. Box Number is Not Acceptable): **1702-1 PARK MEADOWS DRIVE**  
**FT. MYERS**  
 City: **FT. MYERS** FL Zip Code: **33907**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: DATE: **2/10/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>KRUEGER, JOAN</b>	
STREET ADDRESS	<b>1706 2 PARK MEADOWS DR</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MINER, RICHARD</b>	
STREET ADDRESS	<b>1702-1 PRK MEADOWS DR.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROUSSARD, JOHN P</b>	
STREET ADDRESS	<b>1708-2 PARK MEADOWS DR.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33907</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>GABALDON, CANDIE</b>	
STREET ADDRESS	<b>1710-1 PARK MEADOWS DR.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33907</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MARILYN BARKER</b>	
STREET ADDRESS	<b>1712-2 PARK MEADOWS DR.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRIAN JORDON</b>	
STREET ADDRESS	<b>1702-4 PARK MEADOWS DRIVE</b>	
CITY-ST-ZIP	<b>FT. MYERS, FL 33907</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVID BISHOP</b>	
STREET ADDRESS	<b>1702-1 PARK MEADOWS DRIVE</b>	
CITY-ST-ZIP	<b>FT. MYERS, FL 33907</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: **2/10/00** DAYTIME PHONE #: **941-489-1221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)